

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 NEW YORK

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### FOR ALL NONDUAL BENEFICIARIES

- TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>627,810</b>	<b>342,405</b>	<b>271,806</b>	<b>13,510</b>	<b>89</b>	<b>0</b>	<b>6,690,041</b>	<b>3,574,041</b>	<b>3,002,376</b>	<b>112,927</b>	<b>697</b>	<b>0</b>
<b>Age</b>												
5 and younger	18	0	15	0	3	0	181	0	161	0	20	0
6-14	73	0	63	0	10	0	765	0	689	0	76	0
15-20	664	0	600	0	64	0	6,881	0	6,347	0	534	0
21-44	79,845	0	74,156	5,681	8	0	866,082	0	818,166	47,877	39	0
45-64	115,613	4	108,046	7,562	1	0	1,236,403	33	1,172,690	63,668	12	0
65-74	179,138	108,369	70,504	265	0	0	1,941,046	1,141,239	798,449	1,358	0	0
75-84	151,120	135,185	15,933	2	0	0	1,622,177	1,441,644	180,509	24	0	0
85 and older	101,336	98,847	2,489	0	0	0	1,016,490	991,125	25,365	0	0	0
Unknown	3	0	0	0	3	0	16	0	0	0	16	0
<b>Gender</b>												
Female	395,520	240,682	147,797	6,987	54	0	4,240,182	2,533,853	1,646,468	59,444	417	0
Male	232,290	101,723	124,009	6,523	35	0	2,449,859	1,040,188	1,355,908	53,483	280	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	289,204	159,541	124,351	5,277	35	0	3,008,525	1,591,370	1,372,966	43,936	253	0
African American	91,802	42,978	44,733	4,071	20	0	965,483	449,652	482,345	33,351	135	0
Other/unknown	246,804	139,886	102,722	4,162	34	0	2,716,033	1,533,019	1,147,065	35,640	309	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	91,751	79,048	12,653	49	1	0	948,820	806,068	142,273	467	12	0
Part year	37,437	29,750	7,595	92	0	0	371,310	288,431	82,019	860	0	0
None	498,622	233,607	251,558	13,369	88	0	5,369,911	2,479,542	2,778,084	111,600	685	0
<b>Maintenance Assistance Status</b>												
Cash	333,023	157,226	172,893	2,868	36	0	3,796,030	1,784,175	1,985,766	25,795	294	0
Medically needy	282,416	182,250	97,492	2,644	30	0	2,790,098	1,763,526	1,002,897	23,471	204	0
Poverty-related	462	269	159	24	10	0	4,579	2,746	1,581	185	67	0
Other/unknown	11,909	2,660	1,262	7,974	13	0	99,334	23,594	12,132	63,476	132	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	626,285	341,305	271,404	13,487	89	0	6,674,149	3,562,364	2,998,341	112,747	697	0
Full dual, part year	1,525	1,100	402	23	0	0	15,892	11,677	4,035	180	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	605,917	333,879	262,858	9,117	63	0	6,534,920	3,516,105	2,935,046	83,225	544	0
FFS part year, with Rx claims	14,368	5,631	6,246	2,475	16	0	88,193	35,408	40,013	12,704	68	0
FFS part year, no Rx claims	2,417	1,439	551	423	4	0	10,258	5,696	2,860	1,689	13	0
MC all year, with FFS Rx claims	5,108	1,456	2,151	1,495	6	0	56,670	16,832	24,457	15,309	72	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
  - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
All	77.3 %	35.6	\$2,829	\$79	\$25,035	11.3 %	627,810
<b>Age</b>							
5 and younger	100.0	46.7	6,846	147	47,569	14.4	18
6-14	90.4	57.4	8,555	149	25,135	34.0	73
15-20	74.2	20.8	2,501	120	18,825	13.3	664
21-44	83.7	33.5	3,821	114	29,216	13.1	79,845
45-64	87.2	47.4	4,419	93	29,173	15.1	115,613
65-74	82.8	39.1	2,683	69	15,046	17.8	179,138
75-84	74.6	34.4	2,291	67	24,038	9.5	151,120
85 and older	54.9	19.6	1,293	66	36,201	3.6	101,336
Unknown	0.0	0.0	0	0	389	0.0	3
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	69.7	29.0	1,956	68	24,922	7.9	342,405
Disabled	86.6	44.3	3,927	89	26,022	15.1	271,806
Adults	80.1	29.9	2,869	96	8,144	35.2	13,510
Children	69.7	17.4	1,775	102	11,429	15.5	89
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	77.5	36.6	2,675	73	24,332	11.0	395,520
Male	76.9	33.9	3,093	91	26,232	11.8	232,290
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	72.6	34.8	2,794	80	31,236	8.9	289,204
African American	80.2	35.3	2,964	84	22,632	13.1	91,802
Other/unknown	81.6	36.7	2,820	77	18,663	15.1	246,804
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	38.5	9.1	1,012	112	53,796	1.9	91,751
Part year	65.7	25.6	2,078	81	38,063	5.5	37,437
None	85.3	41.3	3,220	78	18,765	17.2	498,622
<b>Maintenance Assistance Status</b>							
Cash	88.3	44.0	3,354	76	18,582	18.1	333,023
Medically needy	64.3	26.1	2,197	84	33,387	6.6	282,416
Poverty related	54.1	15.3	1,340	88	7,352	18.2	462
Other/unknown	78.0	29.4	3,203	109	8,105	39.5	11,909

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months			
			All Medicaid	FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10				4.0 %	17.8 %	25.4 %
<b>All</b>	<b>3.3</b>	<b>\$266</b>	<b>11.3 %</b>	<b>11.3 %</b>	<b>22.7 %</b>	<b>19.2 %</b>	<b>10.9 %</b>	<b>25.4 %</b>	<b>17.8 %</b>	<b>4.0 %</b>	<b>\$2,349</b>	<b>6,690,041</b>				
<b>Age</b>																
5 and younger	4.6	681	14.4	11.1	0.0	11.1	5.6	50.0	27.8	5.6	4,731	18				
6-14	5.5	816	34.0	4.1	9.6	4.1	13.7	32.9	35.6	4.1	2,399	73				
15-20	2.0	241	13.3	33.1	25.8	33.1	11.7	18.8	8.3	2.3	1,817	664				
21-44	3.1	352	13.1	25.8	16.3	25.8	12.7	26.3	15.2	3.7	2,694	79,845				
45-64	4.4	413	15.1	14.8	12.8	14.8	10.8	29.8	24.6	7.2	2,728	115,613				
65-74	3.6	248	17.8	18.7	17.2	18.7	11.9	28.5	19.5	4.2	1,389	179,138				
75-84	3.2	214	9.5	18.7	25.4	18.7	10.7	24.6	17.5	3.2	2,239	151,120				
85 and older	2.0	129	3.6	20.7	45.1	20.7	8.0	15.4	9.5	1.3	3,609	101,336				
Unknown	0.0	0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	73	3				
<b>Basis of Eligibility<sup>e</sup></b>																
Aged	2.8	187	7.9	20.3	30.3	20.3	10.5	22.3	14.2	2.5	2,388	342,405				
Disabled	4.0	356	15.1	17.9	13.4	17.9	11.3	29.3	22.4	5.7	2,356	271,806				
Adults	3.6	343	35.2	20.0	19.9	20.0	12.1	24.6	15.7	7.7	974	13,510				
Children	2.2	227	15.5	23.6	30.3	23.6	15.7	19.1	6.7	4.5	1,459	89				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0				
<b>Gender</b>																
Female	3.4	250	11.0	18.3	22.5	18.3	10.8	25.8	18.4	4.1	2,270	395,520				
Male	3.2	293	11.8	20.9	23.1	20.9	10.9	24.6	16.7	3.8	2,487	232,290				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0				
<b>Race</b>																
White	3.3	269	8.9	18.3	27.4	18.3	9.5	22.7	17.6	4.5	3,003	289,204				
African American	3.4	282	13.1	20.0	19.8	20.0	11.7	26.8	18.0	3.7	2,152	91,802				
Other/unknown	3.3	256	15.1	20.1	18.4	20.1	12.2	27.9	17.9	3.5	1,696	246,804				
<b>use of nursing Facilities<sup>f</sup></b>																
Entire year	0.9	98	1.9	24.8	61.5	24.8	5.5	4.3	3.1	0.8	5,202	91,751				
Part year	2.6	210	5.5	23.1	34.3	23.1	9.5	18.3	12.3	2.4	3,838	37,437				
None	3.8	299	17.2	17.9	14.7	17.9	12.0	29.8	20.9	4.7	1,742	498,622				
<b>Maintenance Assistance Status</b>																
Cash	3.9	294	18.1	18.6	11.7	18.6	12.2	30.7	22.0	4.8	1,630	333,023				
Medically needy	2.6	222	6.6	19.9	35.7	19.9	9.3	19.2	13.0	2.9	3,380	282,416				
Poverty related	1.5	135	18.2	24.5	45.9	24.5	8.4	13.0	5.4	2.8	742	462				
Other/unknown	3.5	384	39.5	19.4	22.0	19.4	11.6	24.1	15.4	7.4	972	11,909				

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.3</b>	<b>\$266</b>	<b>\$79</b>	<b>1.8</b>	<b>\$216</b>	<b>\$117</b>	<b>0.1</b>	<b>\$6</b>	<b>\$61</b>	<b>1.4</b>	<b>\$43</b>	<b>\$31</b>
<b>Age</b>												
5 and younger	4.6	681	147	2.4	621	264	0.3	6	23	2.0	53	27
6-14	5.5	816	149	2.8	725	262	0.3	36	124	2.4	54	23
15-20	2.0	241	120	1.0	198	188	0.1	12	118	0.9	31	36
21-44	3.1	352	114	1.6	289	176	0.1	14	101	1.3	48	37
45-64	4.4	413	93	2.4	338	143	0.1	11	75	1.9	64	33
65-74	3.6	248	69	2.1	201	98	0.1	4	45	1.5	42	29
75-84	3.2	214	67	1.8	173	96	0.1	4	41	1.3	37	28
85 and older	2.0	129	66	1.0	104	101	0.1	2	35	0.9	22	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.8	187	68	1.6	153	98	0.1	3	41	1.1	32	28
Disabled	4.0	356	89	2.2	289	133	0.1	10	74	1.7	56	33
Adults	3.6	343	96	2.0	288	145	0.1	6	75	1.5	47	31
Children	2.2	227	102	1.1	192	180	0.1	5	41	1.0	29	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	3.4	250	73	1.9	202	108	0.1	5	51	1.4	42	29
Male	3.2	293	91	1.8	241	135	0.1	8	80	1.3	44	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.3	269	80	1.8	217	121	0.1	7	63	1.4	44	31
African American	3.4	282	84	1.8	233	129	0.1	5	57	1.5	44	30
Other/unknown	3.3	256	77	1.9	210	110	0.1	5	60	1.3	41	30
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.9	98	112	0.6	90	143	0.0	1	56	0.2	7	31
Part year	2.6	210	81	1.4	175	125	0.1	3	45	1.1	32	28
None	3.8	299	78	2.1	241	116	0.1	7	62	1.6	50	31
<b>Maintenance Assistance Status</b>												
Cash	3.9	294	76	2.1	239	111	0.1	7	61	1.6	48	30
Medically needy	2.6	222	84	1.4	181	128	0.1	5	62	1.1	35	31
Poverty related	1.5	135	88	0.8	109	133	0.0	3	58	0.7	23	34
Other/unknown	3.5	384	109	2.1	334	161	0.1	5	71	1.4	44	32

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Rx \$				Users <sup>e</sup>			
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic				
Anti-infective Agents	0.3	0.2	0.0	0.1	\$53	\$49	\$0	\$4	\$152	\$230	\$114	\$32	\$152,306,271	251,600	40.1 %	2,872,983
Biologics	0.1	0.1	0.0	0.0	107	3	12	92	784	32	3,460	2,574	6,205,949	4,899	0.8	57,888
Antineoplastic Agents	0.5	0.3	0.0	0.2	184	161	2	21	362	551	217	102	31,893,131	15,583	2.5	173,192
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.4	56	43	2	11	59	84	21	32	133,455,676	211,393	33.7	2,396,153
Cardiovascular Agents	1.7	0.9	0.0	0.8	82	61	1	20	47	69	42	24	305,991,000	332,284	52.9	3,751,186
Respiratory Agents	0.7	0.5	0.0	0.2	47	40	1	6	66	83	86	28	91,187,270	169,859	27.1	1,938,697
Gastrointestinal Agents	0.7	0.4	0.0	0.3	65	51	1	13	100	134	113	50	162,315,382	220,334	35.1	2,505,073
Genitourinary Agents	0.5	0.4	0.0	0.1	35	33	0	1	73	79	57	22	28,149,161	70,851	11.3	813,908
CNS Drugs	1.1	0.7	0.0	0.4	132	113	5	15	115	154	159	38	374,683,100	251,998	40.1	2,833,426
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	62	53	1	8	131	163	95	57	3,099,921	4,414	0.7	49,950
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	68	63	0	6	160	166	66	113	22,712,221	29,362	4.7	333,810
Analgesics and Anesthetics	0.6	0.3	0.0	0.3	45	37	1	7	78	129	114	26	128,885,809	253,968	40.5	2,883,961
Neuromuscular Agents	0.8	0.4	0.0	0.4	69	55	3	11	82	130	54	31	99,359,927	127,011	20.2	1,438,155
Nutritional Products	0.5	0.0	0.0	0.4	11	1	1	9	22	29	19	22	6,059,626	49,776	7.9	562,053
Hematological Agents	0.6	0.3	0.1	0.3	95	87	2	6	147	309	32	19	109,614,297	102,727	16.4	1,157,756
Topical Products	0.6	0.3	0.0	0.3	33	25	1	7	56	79	47	29	95,591,277	248,958	39.7	2,863,914
Miscellaneous Products	0.8	0.5	0.1	0.2	246	197	28	20	319	437	228	104	20,471,058	7,361	1.2	83,298
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	28	0	0	0	114	0	0	0	4,220,558	12,885	2.1	148,869
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,776,201,634	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$251,896,596	158,061	25.2 %	1,783,424	0.7	\$191
ULCER DRUGS	134,317,460	221,403	35.3	2,525,803	0.5	109
ANTIHYPERTENSIVE	114,701,559	179,247	28.6	2,051,360	0.6	94
ANTIVIRAL	107,575,000	39,029	6.2	440,637	0.6	421
ANTIDIABETIC	91,469,989	192,241	30.6	2,180,304	0.6	65
ANTIDEPRESSANTS	85,945,145	174,801	27.8	1,975,529	0.6	74
ANTICONVULSANT	83,820,872	107,300	17.1	1,218,528	0.7	97
ANTIHYPERTENSIVE	80,328,122	264,623	42.2	3,013,359	0.6	45
ANALGESICS - ANTI-INFLAMMATORY	75,656,705	227,275	36.2	2,607,326	0.3	87
HEMATOPOIETIC AGENTS	67,004,172	73,350	11.7	828,169	0.4	200
<b>Total</b>	<b>1,092,715,620</b>	<b>1,637,330</b>		<b>18,624,439</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
<b>All</b>	<b>10,437,159</b>	<b>\$1,092,715,620</b>	<b>158,061</b>	<b>25.2 %</b>	<b>1,783,424</b>	<b>0.7</b>	<b>\$141</b>	<b>221,403</b>	<b>35.3 %</b>	<b>2,525,803</b>	<b>0.5</b>	<b>\$53</b>				
<b>Female</b>	6,580,395	629,967,873	89,095	22.5	1,002,757	0.7	121	149,930	37.9	1,716,350	0.5	53				
<b>Disabled</b>	3,410,073	352,125,206	46,651	31.6	537,581	0.8	146	68,839	46.6	792,389	0.5	56				
5 and younger	106	8,079	0	0.0	0	0.0	0	6	75.0	66	0.4	24				
6-14	599	68,860	1	2.9	12	0.3	30	17	50.0	196	0.5	33				
15-20	2,412	317,999	66	25.8	759	0.7	117	68	26.6	771	0.4	39				
21-44	597,439	76,970,689	15,363	49.2	176,054	0.8	150	9,826	31.5	111,799	0.5	55				
45-64	1,432,917	158,039,033	21,325	38.3	245,609	0.8	160	26,440	47.5	300,131	0.5	62				
65-74	1,104,686	94,127,509	7,384	15.9	86,199	0.7	114	25,783	55.5	301,045	0.5	52				
75-84	252,157	20,892,313	2,120	17.4	24,693	0.7	111	6,186	50.8	72,620	0.5	52				
85 and older	19,757	1,700,724	392	19.1	4,255	0.7	85	513	25.0	5,761	0.5	56				
<b>Other Eligibles</b>	3,170,322	277,842,667	42,444	17.1	465,176	0.6	92	81,091	32.7	923,961	0.5	50				
5 and younger	11	676	1	50.0	4	0.3	12	1	50.0	12	0.1	1				
6-14	51	5,262	0	0.0	0	0.0	0	2	28.6	18	0.2	7				
15-20	374	41,469	8	21.6	78	1.0	163	11	29.7	118	0.3	20				
21-44	40,528	5,411,024	929	29.7	9,109	0.6	115	966	30.9	9,163	0.4	52				
45-64	66,325	6,949,661	768	20.4	7,509	0.6	119	1,533	40.8	14,674	0.5	56				
65-74	1,060,425	89,842,587	7,214	10.9	81,804	0.6	109	27,439	41.3	312,474	0.4	48				
75-84	1,368,772	117,368,273	15,491	16.5	172,270	0.6	93	34,950	37.2	404,419	0.5	50				
85 and older	633,836	58,223,715	18,033	22.5	194,402	0.6	83	16,189	20.2	183,083	0.5	52				
<b>Male</b>	3,856,764	462,747,747	68,966	29.7	780,667	0.8	167	71,473	30.8	809,453	0.5	54				
<b>Disabled</b>	2,563,511	343,365,111	51,740	41.7	595,889	0.9	186	39,536	31.9	450,036	0.5	59				
5 and younger	113	14,874	0	0.0	0	0.0	0	5	71.4	60	0.4	24				
6-14	475	80,182	0	0.0	0	0.0	0	12	41.4	144	0.6	16				
15-20	3,178	440,718	93	27.0	984	0.7	138	55	16.0	622	0.5	44				
21-44	782,532	124,457,948	23,475	54.7	270,214	0.8	185	9,923	23.1	113,232	0.5	57				
45-64	1,228,246	169,563,602	23,513	44.8	270,817	0.9	196	17,903	34.1	201,190	0.6	63				
65-74	481,108	43,106,101	3,922	16.3	45,585	0.7	147	10,068	41.8	116,675	0.5	54				
75-84	64,211	5,345,687	656	17.5	7,424	0.8	122	1,458	38.9	16,875	0.5	53				
85 and older	3,648	355,999	81	18.6	865	0.7	107	112	25.7	1,238	0.6	63				
<b>Other Eligibles</b>	1,293,253	119,382,636	17,226	15.9	184,778	0.6	105	31,937	29.5	359,417	0.4	49				
5 and younger	2	94	0	0.0	0	0.0	0	1	100.0	4	0.5	24				
6-14	19	1,024	0	0.0	0	0.0	0	3	100.0	23	0.3	9				
15-20	174	23,428	10	37.0	86	1.0	205	3	11.1	36	0.1	6				
21-44	30,983	4,739,571	840	32.8	7,889	0.6	146	598	23.3	5,670	0.5	53				
45-64	61,064	7,601,530	755	19.8	7,359	0.7	135	1,214	31.9	11,550	0.5	56				
65-74	553,728	49,439,745	4,772	11.3	53,786	0.7	130	13,458	31.9	151,810	0.4	47				
75-84	507,450	44,254,398	6,771	16.5	73,651	0.6	95	12,989	31.6	149,299	0.5	49				
85 and older	139,833	13,322,846	4,078	22.0	42,007	0.6	80	3,671	19.8	41,025	0.5	50				
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>179,247</b>	<b>28.6 %</b>	<b>2,051,360</b>	<b>\$56</b>	<b>0.6</b>	<b>39,029</b>	<b>6.2 %</b>	<b>440,637</b>	<b>\$244</b>	<b>0.6</b>	<b>192,241</b>	<b>30.6 %</b>	<b>2,180,304</b>	<b>\$42</b>	<b>0.6</b>
<b>Female</b>	118,393	29.9	1,360,739	56	0.6	14,055	3.6	160,379	187	0.5	127,497	32.2	1,454,416	41	0.6
<b>Disabled</b>	52,386	35.4	605,169	57	0.6	10,046	6.8	114,961	221	0.5	59,419	40.2	682,941	46	0.7
5 and younger	1	12.5	12	1	0.2	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	2	5.9	24	22	0.8	15	44.1	163	145	0.5	2	5.9	24	0.8	0.2
15-20	10	3.9	120	28	0.4	26	10.2	288	172	0.4	14	5.5	165	0.3	15
21-44	3,425	11.0	39,329	51	0.6	3,569	11.4	40,463	222	0.5	4,584	14.7	52,285	0.7	48
45-64	19,917	35.8	226,324	57	0.6	4,857	8.7	55,497	253	0.6	22,626	40.7	255,829	0.7	48
65-74	23,717	51.1	276,926	57	0.6	1,372	3.0	16,096	138	0.3	26,501	57.1	308,109	0.7	45
75-84	5,044	41.4	59,377	58	0.6	194	1.6	2,299	33	0.2	5,396	44.3	63,189	0.7	40
85 and older	270	13.1	3,057	60	0.6	13	0.6	155	18	0.1	296	14.4	3,340	0.6	30
<b>Other Eligibles</b>	66,007	26.6	755,570	55	0.6	4,009	1.6	45,418	102	0.3	68,078	27.5	771,475	0.6	37
5 and younger	1	50.0	12	16	0.3	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	1	14.3	12	133	0.2	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	3	8.1	24	39	0.4	0	0.0	0	0.0	0
21-44	263	8.4	2,559	45	0.5	555	17.8	5,936	242	0.6	420	13.4	3,984	0.7	49
45-64	1,099	29.2	10,361	56	0.6	385	10.2	3,973	289	0.6	1,302	34.6	12,030	0.7	49
65-74	26,690	40.2	302,825	54	0.6	1,383	2.1	15,726	94	0.3	27,552	41.5	310,648	0.6	40
75-84	29,604	31.5	343,949	56	0.6	1,200	1.3	14,122	35	0.2	29,722	31.6	341,929	0.6	36
85 and older	8,350	10.4	95,864	55	0.6	482	0.6	5,625	11	0.1	9,082	11.3	102,884	0.6	31
<b>Male</b>	60,854	26.2	690,621	57	0.6	24,974	10.8	280,258	277	0.6	64,744	27.9	725,888	0.6	43
<b>Disabled</b>	33,608	27.1	383,600	57	0.6	21,619	17.4	243,333	288	0.7	34,711	28.0	391,696	0.7	47
5 and younger	1	14.3	12	15	0.5	5	71.4	60	168	0.4	0	0.0	0	0.0	0
6-14	3	10.3	36	75	0.9	15	51.7	180	235	0.5	2	6.9	24	0.3	36
15-20	5	1.5	60	29	0.4	24	7.0	264	301	0.5	15	4.4	169	0.4	21
21-44	6,102	14.2	69,900	51	0.6	9,010	21.0	100,626	271	0.6	5,131	11.9	57,966	0.7	47
45-64	16,007	30.5	180,151	59	0.6	11,285	21.5	127,351	308	0.7	17,231	32.9	191,560	0.7	48
65-74	10,261	42.6	119,066	59	0.6	1,191	4.9	13,799	245	0.6	10,965	45.5	126,268	0.7	46
75-84	1,190	31.8	13,948	60	0.6	86	2.3	1,017	185	0.5	1,315	35.1	15,167	0.7	43
85 and older	39	9.0	427	59	0.6	3	0.7	36	3	0.1	52	12.0	542	0.6	36
<b>Other Eligibles</b>	27,246	25.2	307,021	56	0.6	3,355	3.1	36,925	201	0.5	30,033	27.7	334,192	0.6	39
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
21-44	360	14.0	3,379	46	0.5	585	22.8	5,844	276	0.7	361	14.1	3,232	0.7	50
45-64	1,201	31.5	11,342	59	0.6	678	17.8	7,074	325	0.7	1,511	39.7	13,922	0.7	49
65-74	13,219	31.3	148,672	55	0.6	1,344	3.2	15,374	188	0.5	15,040	35.6	167,570	0.6	40
75-84	10,660	25.9	123,041	57	0.6	614	1.5	7,069	78	0.3	10,924	26.5	124,889	0.6	39
85 and older	1,806	9.8	20,587	57	0.6	134	0.7	1,564	44	0.3	2,197	11.9	24,579	0.6	32
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month
<b>All</b>	<b>174,801</b>	<b>27.8 %</b>	<b>1,975,529</b>	<b>0.6</b>	<b>\$44</b>	<b>107,300</b>	<b>17.1 %</b>	<b>1,218,528</b>	<b>0.7</b>	<b>\$69</b>	<b>264,623</b>	<b>42.2 %</b>	<b>3,013,359</b>	<b>0.6</b>	<b>\$27</b>
<b>Female</b>	116,034	29.3	1,314,833	0.6	42	62,327	15.8	708,179	0.7	62	174,505	44.1	1,996,718	0.6	27
<b>Disabled</b>	70,791	47.9	807,164	0.6	47	40,047	27.1	459,660	0.7	76	68,255	46.2	785,707	0.6	27
5 and younger	1	12.5	6	0.7	68	2	25.0	12	0.5	50	4	50.0	35	0.4	11
6-14	4	11.8	48	0.8	61	6	17.6	72	0.6	35	24	70.6	265	0.7	22
15-20	52	20.3	583	0.6	61	76	29.7	856	0.6	76	18	7.0	187	0.5	17
21-44	17,936	57.5	202,149	0.6	52	12,559	40.2	143,305	0.8	94	4,090	13.1	46,206	0.6	24
45-64	32,316	58.1	365,363	0.7	51	18,486	33.2	211,323	0.8	81	22,995	41.3	259,377	0.6	27
65-74	16,814	36.2	196,261	0.5	37	7,266	15.6	84,913	0.5	41	32,478	70.0	378,467	0.6	28
75-84	3,361	27.6	39,385	0.5	34	1,514	12.4	17,640	0.6	37	8,006	65.7	94,086	0.6	28
85 and older	307	14.9	3,369	0.6	34	138	6.7	1,539	0.6	36	640	31.2	7,084	0.6	25
<b>Other Eligibles</b>	45,243	18.3	507,669	0.5	36	22,280	9.0	248,519	0.5	37	106,250	42.9	1,211,011	0.6	27
5 and younger	1	50.0	12	0.5	35	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	0.8	122	0	0.0	0	0.0	0	2	28.6	18	0.7	26
15-20	10	27.0	103	0.6	40	11	29.7	122	0.9	140	6	16.2	70	0.8	37
21-44	1,864	59.6	17,684	0.6	47	923	29.5	8,827	0.7	79	404	12.9	3,845	0.6	23
45-64	2,182	58.1	20,722	0.6	47	910	24.2	8,707	0.6	64	1,502	40.0	13,845	0.7	29
65-74	13,978	21.0	158,606	0.5	34	6,813	10.3	77,435	0.5	41	36,426	54.8	411,832	0.6	27
75-84	18,383	19.5	211,393	0.5	35	9,071	9.6	103,305	0.5	33	47,877	50.9	564,368	0.6	27
85 and older	8,824	11.0	99,137	0.5	36	4,552	5.7	50,123	0.6	29	20,033	24.9	227,033	0.6	26
<b>Male</b>	58,767	25.3	660,696	0.6	46	44,973	19.4	510,349	0.8	78	90,118	38.8	1,016,641	0.6	26
<b>Disabled</b>	43,252	34.9	490,249	0.6	49	34,500	27.8	395,345	0.8	88	43,365	35.0	491,021	0.6	27
5 and younger	0	0.0	0	0.0	0	2	28.6	24	0.9	21	2	28.6	24	0.1	2
6-14	1	3.4	12	0.3	8	1	3.4	12	0.2	3	15	51.7	154	0.4	16
15-20	71	20.6	779	0.5	40	83	24.1	936	0.8	102	54	15.7	590	0.6	20
21-44	16,840	39.2	190,484	0.6	51	14,595	34.0	167,700	0.8	99	6,730	15.7	76,048	0.6	24
45-64	19,936	38.0	224,511	0.7	52	15,908	30.3	181,477	0.8	88	19,194	36.6	212,970	0.6	27
65-74	5,688	23.6	66,239	0.5	38	3,432	14.3	39,750	0.6	49	15,114	62.8	175,141	0.6	27
75-84	672	17.9	7,751	0.6	36	450	12.0	5,164	0.6	37	2,138	57.1	24,798	0.6	28
85 and older	44	10.1	473	0.6	45	29	6.7	282	0.7	38	118	27.1	1,296	0.5	23
<b>Other Eligibles</b>	15,515	14.3	170,447	0.5	35	10,473	9.7	115,004	0.6	44	46,753	43.2	525,620	0.6	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	5	0.2	7	4	133.3	24	0.4	33
15-20	4	14.8	33	0.8	48	4	14.8	48	0.6	65	4	14.8	26	0.6	15
21-44	1,184	46.2	11,020	0.6	46	630	24.6	5,844	0.6	76	435	17.0	4,043	0.6	26
45-64	1,387	36.4	12,872	0.6	44	706	18.5	6,623	0.7	69	1,591	41.8	14,607	0.7	29
65-74	5,580	13.2	63,199	0.5	34	4,005	9.5	45,351	0.6	47	20,844	49.4	232,995	0.6	25
75-84	5,523	13.4	62,939	0.5	34	3,864	9.4	43,517	0.6	37	19,119	46.5	220,025	0.6	25
85 and older	1,837	9.9	20,384	0.5	33	1,263	6.8	13,616	0.6	29	4,756	25.7	53,900	0.6	24
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					HEMATOPOIETIC AGENTS						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>227,275</b>	<b>36.2 %</b>	<b>2,607,326</b>	<b>0.3</b>	<b>\$29</b>	<b>73,350</b>	<b>11.7 %</b>	<b>828,169</b>	<b>0.4</b>	<b>\$81</b>	<b>627,810</b>	<b>6,690,041</b>
<b>Female</b>	158,125	40.0	1,820,331	0.3	32	47,929	12.1	543,704	0.4	76	395,519	4,240,177
<b>Disabled</b>	77,492	52.4	894,714	0.3	32	20,905	14.1	240,030	0.4	66	147,797	1,646,468
5 and younger	2	25.0	18	0.2	2	11	137.5	110	0.5	46	8	77
6-14	3	8.8	36	0.3	6	22	64.7	239	0.4	109	34	375
15-20	70	27.3	798	0.2	9	42	16.4	458	0.4	71	256	2,741
21-44	13,197	42.3	150,408	0.3	19	4,196	13.4	47,934	0.4	64	31,212	344,865
45-64	29,404	52.9	335,182	0.4	35	8,141	14.6	93,017	0.4	70	55,617	609,094
65-74	28,229	60.8	330,685	0.4	33	6,355	13.7	73,664	0.4	62	46,430	529,212
75-84	6,181	50.7	73,031	0.4	33	1,936	15.9	22,392	0.4	60	12,186	138,997
85 and older	406	19.8	4,556	0.4	40	202	9.8	2,216	0.4	91	2,054	21,107
<b>Other Eligibles</b>	80,633	32.5	925,617	0.3	31	27,024	10.9	303,674	0.4	85	247,722	2,593,709
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
6-14	0	0.0	0	0.0	0	4	57.1	42	0.5	38	7	53
15-20	7	18.9	54	0.2	2	9	24.3	84	0.3	19	37	296
21-44	1,508	48.2	14,651	0.3	23	498	15.9	4,786	0.3	42	3,126	27,067
45-64	2,256	60.0	21,346	0.4	32	478	12.7	4,756	0.4	63	3,758	31,956
65-74	30,551	46.0	349,479	0.3	30	6,967	10.5	79,150	0.4	74	66,430	707,360
75-84	33,563	35.7	392,797	0.3	32	11,726	12.5	133,520	0.4	82	94,037	1,013,324
85 and older	12,748	15.9	147,290	0.4	33	7,342	9.1	81,336	0.4	104	80,325	813,637
<b>Male</b>	69,150	29.8	786,995	0.3	23	25,421	10.9	284,465	0.4	90	232,288	2,449,848
<b>Disabled</b>	39,506	31.9	451,924	0.3	22	12,952	10.4	146,446	0.5	92	124,009	1,355,908
5 and younger	0	0.0	0	0.0	0	9	128.6	108	0.3	25	7	84
6-14	4	13.8	48	0.6	5	30	103.4	335	0.5	88	29	314
15-20	48	14.0	538	0.2	5	56	16.3	636	0.4	82	344	3,606
21-44	11,061	25.8	126,155	0.2	14	2,812	6.5	31,880	0.4	140	42,944	473,301
45-64	17,181	32.8	194,260	0.3	25	6,188	11.8	69,177	0.5	99	52,429	563,596
65-74	9,868	41.0	115,174	0.3	26	3,282	13.6	37,798	0.4	47	24,074	269,237
75-84	1,278	34.1	14,999	0.3	26	524	14.0	5,978	0.4	54	3,747	41,512
85 and older	66	15.2	750	0.5	58	51	11.7	534	0.5	65	435	4,258
<b>Other Eligibles</b>	29,644	27.4	335,071	0.3	25	12,469	11.5	138,019	0.4	87	108,279	1,093,940
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	23
15-20	7	25.9	58	0.2	9	1	3.7	11	0.5	1	27	238
21-44	848	33.1	8,024	0.3	23	158	6.2	1,519	0.3	79	2,563	20,849
45-64	1,634	42.9	15,358	0.4	26	423	11.1	4,042	0.4	118	3,809	31,757
65-74	13,351	31.6	151,027	0.3	23	4,537	10.8	50,879	0.4	78	42,204	435,237
75-84	11,035	26.8	128,564	0.3	26	5,258	12.8	59,007	0.4	81	41,150	428,344
85 and older	2,769	14.9	32,040	0.3	27	2,092	11.3	22,561	0.4	117	18,522	177,488
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	16

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				0.9	91,751
<b>All</b>	<b>\$98</b>	<b>0.9</b>	<b>91,751</b>		<b>948,820</b>
<b>Age</b>					
0-64	269	1.9	6,336		71,252
65-74	162	1.5	11,898		129,509
75-84	101	1.0	29,379		306,072
85 and older	50	0.4	44,138		441,987
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	87	0.8	66,121		687,653
Male	128	1.1	25,630		261,167
Unknown	0	0.0	0		0
<b>Race</b>					
White	82	0.7	63,635		641,294
African American	122	1	7,991		85,378
Other/unknown	133	1.3	20,125		222,148
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	76	0.7	79,048		806,068
Disabled	223	1.8	12,653		142,273
Adults	503	2.8	49		467
Children	0	0.0	1		12
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 37,437 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users			
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.1	0.1	0.0	0.0	108	1	0	107	1039	17	0	####	220	177	0.2	2,108
Biologicals	0.6	0.5	0.0	0.1	321	309	0	12	532	660	145	90	2,419	345	0.4	4,005
Antineoplastic Agents	1.0	0.6	0.1	0.3	57	43	3	12	55	73	24	34	44,114	3,611	3.9	42,488
Endocrine/Metabolic Drugs	2.1	1.0	0.0	1.0	96	71	1	24	46	67	41	24	145,638	5,935	6.5	69,790
Cardiovascular Agents	0.6	0.4	0.0	0.2	40	34	1	5	66	80	82	30	20,527	2,851	3.1	33,768
Respiratory Agents	0.7	0.4	0.0	0.3	64	50	1	13	88	124	90	41	34,016	3,949	4.3	46,567
Gastrointestinal Agents	0.6	0.5	0.0	0.1	43	41	0	2	72	80	61	24	12,784	1,805	2.0	21,344
Genitourinary Agents	1.0	0.9	0.0	0.1	152	147	1	4	146	156	153	45	333,018	29,055	31.7	320,712
CNS Drugs	0.3	0.2	0.0	0.1	45	42	0	3	142	171	0	37	459	122	0.1	1,450
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.0	111	111	0	1	206	208	0	86	9,038	1,426	1.6	16,747
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.2	42	38	0	4	77	104	58	21	28,951	4,469	4.9	52,662
Analgesics and Anesthetics	0.9	0.6	0.0	0.3	62	50	1	11	68	89	52	34	83,460	8,152	8.9	91,551
Neuromuscular Agents	0.5	0.0	0.0	0.5	10	0	1	9	18	49	19	18	6,377	1,034	1.1	12,147
Nutritional Products	0.7	0.5	0.0	0.2	221	217	1	3	314	438	29	17	35,819	4,665	5.1	50,940
Hematological Agents	0.8	0.4	0.0	0.3	49	38	2	9	60	85	44	28	46,830	4,878	5.3	57,902
Topical Products	0.6	0.2	0.1	0.2	106	57	32	17	183	261	251	74	679	99	0.1	1,168
Miscellaneous Products	0.3	0.0	0.0	0.0	29	0	0	0	89	0	0	0	1,122	289	0.3	3,437
Unknown Therapeutic Category	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	830,914	n.a.	n.a.	n.a.
TOTAL NO. OF RX AND RX \$													92,837,165	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 37,437 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$46,022,773	31,933	34.8 %	352,908	0.8	\$161	\$130	
HEMATOPOIETIC AGENTS	10,090,125	3,742	4.1	40,135	0.6	434	251	
ANTICONVULSANT	5,188,054	7,892	8.6	88,570	0.8	70	59	
ANTIVIRAL	3,366,367	934	1.0	10,701	1.3	237	315	
ULCER DRUGS	2,564,385	3,990	4.3	47,110	0.5	105	54	
ANTIHYPERTENSIVE	2,360,918	3,373	3.7	40,008	0.6	93	59	
ANTIHYPERTENSIVE	1,875,052	5,526	6.0	65,517	0.6	46	29	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,863,883	1,446	1.6	16,987	0.5	206	110	
ANTIDEPRESSANTS	1,829,426	3,967	4.3	46,935	0.6	69	39	
DERMATOLOGICAL	1,800,898	9,848	10.7	117,508	0.2	64	15	
<b>Total</b>	<b>76,961,881</b>	<b>72,651</b>		<b>826,379</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 37,437 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				HEMATOPOIETIC AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>552,645</b>	<b>\$76,961,881</b>	<b>31,933</b>	<b>34.8 %</b>	<b>352,908</b>	<b>0.8</b>	<b>\$130</b>	<b>3,742</b>	<b>4.1 %</b>	<b>40,135</b>	<b>0.6</b>	<b>\$251</b>	
<b>Female</b>	361,793	48,867,281	22,056	33.4	244,366	0.8	122	2,561	3.9	27,793	0.6	253	
<b>Disabled</b>	87,385	12,259,491	2,995	43.6	34,776	1.0	196	446	6.5	5,108	0.6	156	
64 or younger	39,867	6,390,626	1,335	47.2	15,566	1.1	234	162	5.7	1,821	0.7	171	
65-74	32,398	4,060,564	974	44.5	11,355	0.9	187	185	8.4	2,176	0.5	141	
75-84	12,763	1,513,258	499	42.8	5,797	0.9	146	83	7.1	931	0.6	133	
85 and older	2,357	295,043	187	27.3	2,058	0.8	97	16	2.3	180	0.5	291	
<b>Other Eligibles</b>	274,408	36,607,790	19,061	32.2	209,590	0.8	110	2,115	3.6	22,685	0.6	275	
64 or younger	245	32,368	7	41.2	78	0.9	223	2	11.8	24	0.7	138	
65-74	40,762	5,354,647	1,802	41.1	20,482	0.9	157	228	5.2	2,445	0.6	200	
75-84	121,027	15,184,244	6,734	35.6	74,899	0.8	117	868	4.6	9,452	0.5	228	
85 and older	112,374	16,036,531	10,518	29.3	114,131	0.7	96	1,017	2.8	10,764	0.6	334	
<b>Male</b>	190,852	28,094,600	9,877	38.5	108,542	0.9	150	1,181	4.6	12,342	0.6	248	
<b>Disabled</b>	79,489	13,111,525	2,815	48.7	32,623	1.1	225	303	5.2	3,356	0.7	206	
64 or younger	52,672	9,509,249	1,752	50.6	20,358	1.2	253	167	4.8	1,807	0.7	253	
65-74	21,123	2,946,171	808	46.7	9,431	1.0	191	93	5.4	1,068	0.6	148	
75-84	4,958	551,815	209	46.8	2,332	1.0	142	31	6.9	352	0.6	149	
85 and older	736	104,290	46	32.6	502	0.8	132	12	8.5	129	0.7	180	
<b>Other Eligibles</b>	111,363	14,983,075	7,062	35.6	75,919	0.8	118	878	4.4	8,966	0.6	263	
64 or younger	624	153,793	10	34.5	105	1.2	235	4	13.8	48	0.7	228	
65-74	27,847	4,203,141	1,506	42.0	16,951	0.9	156	161	4.5	1,726	0.6	287	
75-84	56,266	7,010,798	3,229	36.6	35,015	0.8	114	439	5.0	4,639	0.6	220	
85 and older	26,626	3,615,343	2,317	31.3	23,848	0.7	95	274	3.7	2,573	0.6	326	
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 37,437 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>7,892</b>	<b>8.6 %</b>	<b>88,570</b>	<b>0.8</b>	<b>\$59</b>	<b>934</b>	<b>1.0 %</b>	<b>10,701</b>	<b>1.3</b>	<b>\$315</b>	<b>3,990</b>	<b>4.3 %</b>	<b>47,110</b>	<b>0.5</b>	<b>\$54</b>
<b>Female</b>	4,892	7.4	54,839	0.8	53	216	0.3	2,537	1.2	236	2,819	4.3	33,311	0.5	53
<b>Disabled</b>	1,355	19.7	15,814	1.0	82	130	1.9	1,505	1.5	338	813	11.8	9,692	0.6	59
64 or younger	729	25.8	8,510	1.1	103	109	3.9	1,253	1.6	382	202	7.1	2,367	0.7	65
65-74	454	20.7	5,344	0.8	61	18	0.8	216	0.7	137	427	19.5	5,121	0.5	56
75-84	141	12.1	1,637	0.8	47	3	0.3	36	0.1	5	171	14.7	2,051	0.6	60
85 and older	31	4.5	323	0.7	31	0	0.0	0	0.0	0	13	1.9	153	0.7	52
<b>Other Eligibles</b>	3,537	6.0	39,025	0.7	42	86	0.1	1,032	0.7	86	2,006	3.4	23,619	0.5	51
64 or younger	5	29.4	60	1.0	39	0	0.0	0	0.0	0	2	11.8	24	0.9	94
65-74	646	14.7	7,395	0.8	59	24	0.5	288	1.9	175	371	8.5	4,381	0.5	53
75-84	1,569	8.3	17,627	0.7	42	44	0.2	528	0.3	68	1,211	6.4	14,362	0.5	49
85 and older	1,317	3.7	13,943	0.7	33	18	0.1	216	0.1	10	422	1.2	4,852	0.5	53
<b>Male</b>	3,000	11.7	33,731	0.9	67	718	2.8	8,164	1.4	339	1,171	4.6	13,799	0.5	58
<b>Disabled</b>	1,235	21.4	14,382	1.0	89	611	10.6	6,963	1.4	344	392	6.8	4,611	0.6	62
64 or younger	839	24.2	9,756	1.1	98	564	16.3	6,399	1.4	344	199	5.8	2,308	0.6	60
65-74	329	19.0	3,868	0.9	73	46	2.7	552	1.5	355	142	8.2	1,694	0.6	65
75-84	61	13.6	694	1.0	54	1	0.2	12	0.1	11	46	10.3	549	0.6	59
85 and older	6	4.3	64	0.8	28	0	0.0	0	0.0	0	5	3.5	60	0.7	82
<b>Other Eligibles</b>	1,765	8.9	19,349	0.8	51	107	0.5	1,201	1.3	309	779	3.9	9,188	0.5	56
64 or younger	7	24.1	66	0.8	125	26	89.7	263	1.0	331	3	10.3	31	0.7	83
65-74	505	14.1	5,737	0.9	65	51	1.4	581	1.5	350	155	4.3	1,812	0.5	56
75-84	831	9.4	9,159	0.8	48	27	0.3	321	1.5	252	506	5.7	5,998	0.5	56
85 and older	422	5.7	4,387	0.7	36	3	0.0	36	0.1	9	115	1.6	1,347	0.6	53
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 37,437 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>3,373</b>	<b>3.7 %</b>	<b>40,008</b>	<b>0.6</b>	<b>\$59</b>	<b>5,526</b>	<b>6.0 %</b>	<b>65,517</b>	<b>0.6</b>	<b>\$29</b>	<b>1,446</b>	<b>1.6 %</b>	<b>16,987</b>	<b>0.5</b>	<b>\$110</b>
<b>Female</b>	2,405	3.6	28,543	0.6	59	3,880	5.9	46,012	0.6	29	1,030	1.6	12,092	0.5	107
<b>Disabled</b>	719	10.5	8,519	0.7	63	1,002	14.6	11,911	0.6	30	258	3.8	3,046	0.5	191
64 or younger	195	6.9	2,278	0.7	68	195	6.9	2,262	0.7	29	119	4.2	1,389	0.5	335
65-74	385	17.6	4,574	0.6	61	562	25.7	6,717	0.6	30	97	4.4	1,153	0.5	71
75-84	129	11.1	1,547	0.7	64	228	19.5	2,735	0.6	30	35	3.0	420	0.5	68
85 and older	10	1.5	120	0.6	57	17	2.5	197	0.7	35	7	1.0	84	0.5	69
<b>Other Eligibles</b>	1,686	2.8	20,024	0.6	57	2,878	4.9	34,101	0.6	28	772	1.3	9,046	0.5	79
64 or younger	3	17.6	36	0.7	43	1	5.9	12	1.0	60	1	5.9	12	0.3	268
65-74	380	8.7	4,499	0.6	60	537	12.2	6,355	0.6	29	105	2.4	1,232	0.5	97
75-84	1,059	5.6	12,629	0.6	55	1,790	9.5	21,343	0.6	29	460	2.4	5,412	0.5	71
85 and older	244	0.7	2,860	0.6	60	550	1.5	6,391	0.6	25	206	0.6	2,390	0.6	85
<b>Male</b>	968	3.8	11,465	0.7	60	1,646	6.4	19,505	0.6	29	416	1.6	4,895	0.5	117
<b>Disabled</b>	333	5.8	3,933	0.7	61	522	9.0	6,183	0.7	30	105	1.8	1,242	0.5	205
64 or younger	147	4.2	1,713	0.7	62	212	6.1	2,480	0.7	28	57	1.6	673	0.5	310
65-74	149	8.6	1,776	0.7	58	229	13.2	2,734	0.7	31	37	2.1	437	0.6	89
75-84	34	7.6	408	0.7	68	74	16.6	888	0.7	33	10	2.2	120	0.3	58
85 and older	3	2.1	36	0.8	83	7	5.0	81	0.6	21	1	0.7	12	0.3	35
<b>Other Eligibles</b>	635	3.2	7,532	0.6	59	1,124	5.7	13,322	0.6	28	311	1.6	3,653	0.5	87
64 or younger	3	10.3	36	1.0	86	0	0.0	0	0.0	0	1	3.4	12	1.0	1,049
65-74	142	4.0	1,671	0.7	59	209	5.8	2,460	0.6	26	55	1.5	648	0.6	131
75-84	419	4.7	4,973	0.6	58	721	8.2	8,544	0.6	29	193	2.2	2,266	0.5	71
85 and older	71	1.0	852	0.7	69	194	2.6	2,318	0.6	28	62	0.8	727	0.5	79
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 37,437 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				DERMATOLOGICAL				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>3,967</b>	<b>4.3 %</b>	<b>46,935</b>	<b>0.6</b>	<b>\$39</b>	<b>9,848</b>	<b>10.7 %</b>	<b>117,508</b>	<b>0.2</b>	<b>\$15</b>	<b>91,751</b>	<b>948,820</b>
<b>Female</b>	2,796	4.2	33,092	0.6	39	6,710	10.1	80,161	0.2	15	66,121	687,653
<b>Disabled</b>	877	12.8	10,471	0.6	44	1,914	27.8	22,934	0.2	16	6,874	77,546
64 or younger	295	10.4	3,503	0.8	55	466	16.5	5,558	0.2	10	2,830	32,036
65-74	439	20.0	5,259	0.5	39	1,083	49.4	12,996	0.3	17	2,191	25,223
75-84	128	11.0	1,535	0.6	38	352	30.2	4,224	0.3	18	1,167	13,098
85 and older	15	2.2	174	0.6	30	13	1.9	156	0.2	8	686	7,189
<b>Other Eligibles</b>	1,919	3.2	22,621	0.5	36	4,796	8.1	57,227	0.2	15	59,247	610,107
64 or younger	3	17.6	36	0.7	38	9	52.9	108	0.1	3	17	181
65-74	396	9.0	4,711	0.6	42	841	19.2	10,039	0.2	16	4,389	46,964
75-84	1,179	6.2	13,965	0.5	35	3,069	16.2	36,730	0.2	16	18,939	199,276
85 and older	341	0.9	3,909	0.5	35	877	2.4	10,350	0.2	12	35,902	363,686
<b>Male</b>	1,171	4.6	13,843	0.6	40	3,138	12.2	37,347	0.2	15	25,630	261,167
<b>Disabled</b>	451	7.8	5,370	0.7	49	1,013	17.5	12,042	0.3	14	5,779	64,727
64 or younger	246	7.1	2,920	0.7	52	491	14.2	5,796	0.3	12	3,460	38,755
65-74	170	9.8	2,030	0.6	47	415	24.0	4,968	0.3	16	1,731	19,690
75-84	32	7.2	384	0.6	44	99	22.1	1,182	0.3	15	447	4,904
85 and older	3	2.1	36	0.8	48	8	5.7	96	0.2	13	141	1,378
<b>Other Eligibles</b>	720	3.6	8,473	0.5	34	2,125	10.7	25,305	0.2	16	19,851	196,440
64 or younger	5	17.2	55	0.9	65	9	31.0	70	0.4	16	29	280
65-74	169	4.7	1,992	0.5	33	413	11.5	4,908	0.2	14	3,587	37,632
75-84	448	5.1	5,282	0.5	33	1,381	15.6	16,485	0.2	17	8,826	88,794
85 and older	98	1.3	1,144	0.5	38	322	4.3	3,842	0.2	15	7,409	69,734
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 37,437 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
								5.9	2.0 %
<b>All</b>	<b>329,694</b>	<b>52.5 %</b>	<b>5.9</b>	<b>3,694,025</b>	<b>\$58</b>	<b>\$36,111,870</b>	<b>\$10</b>		<b>627,810</b>
<b>Age</b>									
5 and younger	15	83.3	11.8	212	291	5,243	25	4.3	18
6-14	54	74.0	12.2	889	221	16,108	18	2.6	73
15-20	254	38.3	3.3	2,192	60	39,704	18	2.4	664
21-44	38,974	48.8	4.8	381,805	88	7,062,566	18	2.3	79,845
45-64	71,051	61.5	7.7	884,840	98	11,293,195	13	2.2	115,613
65-74	110,205	61.5	6.5	1,168,181	51	9,086,272	8	1.9	179,138
75-84	78,145	51.7	5.9	887,963	42	6,290,567	7	1.8	151,120
85 and older	30,996	30.6	3.6	367,943	23	2,318,215	6	1.8	101,336
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	158,296	46.2	5.0	1,705,418	35	11,953,437	7	1.8	342,405
Disabled	164,755	60.6	7.1	1,938,940	86	23,509,965	12	2.2	271,806
Adults	6,607	48.9	3.7	49,348	47	639,644	13	1.7	13,510
Children	36	40.4	3.6	319	99	8,824	28	5.6	89
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	214,355	54.2	6.3	2,480,003	60	23,843,004	10	2.3	395,520
Male	115,339	49.7	5.2	1,214,022	53	12,268,866	10	1.7	232,290
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	129,570	44.8	5.4	1,564,761	61	17,619,901	11	2.2	289,204
African American	51,534	56.1	5.7	527,579	50	4,613,040	9	1.7	91,802
Other/unknown	148,590	60.2	6.5	1,601,685	56	13,878,929	9	2.0	246,804
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	5,917	6.4	1.0	89,606	9	842,212	9	0.9	91,751
Part year	15,605	41.7	4.4	166,377	41	1,527,526	9	2.0	37,437
None	308,172	61.8	6.9	3,438,042	68	33,742,132	10	2.1	498,622
<b>Maintenance Assistance Status</b>									
Cash	223,251	67.0	7.7	2,579,379	67	22,325,119	9	2.0	333,023
Medically needy	100,360	35.5	3.8	1,067,393	47	13,283,892	12	2.1	282,416
Poverty related	126	27.3	2.1	962	17	7,953	8	1.3	462
Other/unknown	5,957	50.0	3.9	46,291	42	494,906	11	1.3	11,909

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 1/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEW YORK, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.6	\$5	\$10	\$0	\$1	6,690,041
<b>Age</b>						
5 and younger	1.2	29	25	0	1	181
6-14	1.2	21	18	0	0	765
15-20	0.3	6	18	0	2	6,881
21-44	0.4	8	18	0	3	866,082
45-64	0.7	9	13	0	3	1,236,403
65-74	0.6	5	8	0	1	1,941,046
75-84	0.5	4	7	0	1	1,622,177
85 and older	0.4	2	6	0	0	1,016,490
Unknown	0.0	0	0	0	0	16
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.5	3	7	0	1	3,574,041
Disabled	0.6	8	12	0	2	3,002,376
Adults	0.4	6	13	0	2	112,927
Children	0.5	13	28	0	8	697
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.6	6	10	0	1	4,240,182
Male	0.5	5	10	0	1	2,449,859
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	6	11	0	2	3,008,525
African American	0.5	5	9	0	1	965,483
Other/unknown	0.6	5	9	0	1	2,716,033
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.1	1	9	0	0	948,820
Part year	0.4	4	9	0	1	371,310
None	0.6	6	10	0	2	5,369,911
<b>Maintenance Assistance Status</b>						
Cash	0.7	6	9	0	1	3,796,030
Medically needy	0.4	5	12	0	1	2,790,098
Poverty related	0.2	2	8	0	0	4,579
Other/unknown	0.5	5	11	0	1	99,334

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 NEW YORK, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>442,166</b>	<b>\$82</b>	<b>\$36,111,870</b>	<b>100.0 %</b>	<b>3,694,025</b>	<b>\$10</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	16	299	4,785	0.0	55	87	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	31,414	94	2,955,972	8.2	65,133	45	1.8
Vitamins and minerals	47,931	124	5,931,365	16.4	269,769	22	7.3
Non-prescription drugs	292,902	38	11,164,585	30.9	2,960,983	4	80.2
Barbiturates	4,134	76	312,886	0.9	43,374	7	1.2
Benzodiazepines	54,698	158	8,646,307	23.9	311,896	28	8.4
Other Part D Excl Rx Drugs	11,071	641	7,095,970	19.7	42,815	166	1.2

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.











SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 NEW YORK, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 101,336  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$131,038,364  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,293

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 45.1 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	45,734		0	0.0 %
1-500	11,690	11.5	2,706,574	2.1
501-1,000	8,296	8.2	6,133,535	4.7
1,001-1,500	6,629	6.5	8,203,506	6.3
1,501-2,000	5,474	5.4	9,579,542	7.3
2,001-2,500	4,570	4.5	10,256,991	7.8
2,501-3,000	3,537	3.5	9,703,227	7.4
3,001-3,500	2,981	2.9	9,670,019	7.4
3,501-4,000	2,393	2.4	8,948,815	6.8
4,001-4,500	2,039	2.0	8,641,237	6.6
4,501-5,000	1,565	1.5	7,419,550	5.7
5,001-5,500	1,281	1.3	6,708,902	5.1
5,501-6,000	1,013	1.0	5,817,305	4.4
6,001-6,500	810	0.8	5,053,013	3.9
6,501-7,000	600	0.6	4,045,637	3.1
7,001-7,500	497	0.5	3,604,090	2.8
7,501-8,000	388	0.4	3,001,791	2.3
8,001-8,500	297	0.3	2,446,980	1.9
8,501-9,000	242	0.2	2,110,115	1.6
9,001-9,500	197	0.2	1,822,155	1.4
9,501-10,000	170	0.2	1,652,888	1.3
10,001+	933	0.9	13,512,492	10.3

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
<b>All</b>	<b>634,061</b>	<b>346,971</b>	<b>273,186</b>	<b>13,810</b>	<b>0</b>	<b>6,850,713</b>	<b>3,665,580</b>	<b>3,053,344</b>	<b>130,919</b>	<b>0</b>
<b>Age</b>										
5 and younger	18	0	15	0	0	185	0	165	0	0
6-14	74	0	63	0	0	812	0	714	0	0
15-20	670	0	604	0	0	7,380	0	6,720	0	0
21-44	80,168	0	74,365	5,793	0	886,167	0	831,344	54,759	0
45-64	116,117	4	108,392	7,720	0	1,264,540	40	1,189,958	74,530	0
65-74	180,849	109,480	71,074	295	0	1,993,395	1,176,687	815,102	1,606	0
75-84	153,306	137,138	16,166	2	0	1,657,984	1,474,231	183,729	24	0
85 and older	102,856	100,349	2,507	0	0	1,040,234	1,014,622	25,612	0	0
Unknown	3	0	0	0	0	16	0	0	0	0
<b>Gender</b>										
Female	400,124	244,210	148,731	7,127	0	4,350,393	2,601,200	1,679,717	68,964	512
Male	233,937	102,761	124,455	6,683	0	2,500,320	1,064,380	1,373,627	61,955	358
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Race</b>										
White	291,543	161,320	124,795	5,390	0	3,067,949	1,625,385	1,391,582	50,656	326
African American	93,135	43,868	45,081	4,165	0	1,002,347	467,406	495,757	38,996	188
Other/unknown	249,383	141,783	103,310	4,255	0	2,780,417	1,572,789	1,166,005	41,267	356
<b>Use of Nursing Facilities<sup>c</sup></b>										
Entire year	91,751	79,048	12,653	49	0	948,880	806,090	142,311	467	12
Part year	37,443	29,756	7,595	92	0	374,483	291,113	82,456	914	0
None	504,867	238,167	252,938	13,669	0	5,527,350	2,568,377	2,828,577	129,538	858
<b>Maintenance Assistance Status</b>										
Cash	336,327	159,506	173,879	2,905	0	3,883,226	1,832,637	2,021,230	29,023	336
Medically needy	285,026	184,424	97,884	2,685	0	2,847,709	1,803,016	1,018,095	26,295	303
Poverty related	464	269	159	25	0	4,700	2,769	1,614	218	99
Other/unknown	12,244	2,772	1,264	8,195	0	115,078	27,158	12,405	75,383	132
<b>Dual Status<sup>d</sup></b>										
Full dual, all year	632,532	345,869	272,782	13,787	0	6,834,585	3,653,780	3,049,220	130,715	870
Full dual, part year	1,529	1,102	404	23	0	16,128	11,800	4,124	204	0
<b>Managed Care (MC) Status</b>										
Fee-for-service (FFS) all year	605,917	333,879	262,858	9,117	0	6,535,358	3,516,524	2,935,061	83,229	544
FFS part year, with Rx claims	14,368	5,631	6,246	2,475	0	164,997	65,518	72,423	26,884	172
FFS part year, no Rx claims	2,417	1,439	551	423	0	23,620	14,153	5,720	3,710	37
MC all year, with Rx claims	5,108	1,456	2,151	1,495	0	56,679	16,841	24,457	15,309	72
MC all year, no Rx claims	6,170	4,499	1,366	300	0	69,113	51,757	15,524	1,787	45



Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months
<b>All</b>	<b>634,061</b>	<b>6,850,713</b>	<b>6,690,041</b>	<b>627,810</b>	<b>6,690,041</b>	<b>0</b>	<b>160,672</b>
Fee-for-service (FFS) all year	605,917	6,535,358	6,534,920	605,917	6,534,920	0	438
FFS part year, with Rx claims	14,368	164,997	88,193	14,368	88,193	0	76,804
FFS part year, with no Rx claims	2,417	23,620	10,258	2,417	10,258	0	13,362
Managed care (MC) all year, with Rx claims	5,108	56,679	56,670	5,108	56,670	0	9
MC all year, with no Rx claims	6,170	69,113	0	0	0	0	69,113

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.